

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☒ IXC

☒ CLEC

☐ ILEC

☐ Wireless

2004-61-C

2/5977

**CERTIFICATED COMPANY INFORMATION**

Company Name Home Telecom, LLC

FEIN/SSN \_\_\_\_\_

Db/a/fka \_\_\_\_\_

Telephone # \_\_\_\_\_

Mailing Address \_\_\_\_\_

579 Stoney Landing Rd

City, State, Zip Code \_\_\_\_\_

Moncks Corner, SC 29461

Business Location \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

County \_\_\_\_\_

**RECEIVED**

MAR 25 2009

PSC SC  
DOCKETING DEPT.

**REGISTERED AGENT INFORMATION**

Registered Agent: William S. Helmly

Mailing Address: 579 Stoney Landing Rd

City, State, Zip Code \_\_\_\_\_

Moncks Corner, SC 29461

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

A. William S. Helmly  
**General Manager** (Include Address if different than above)  
843-761-9101 / /will.helmly@hometelco.com  
 Telephone Number / Facsimile Number / E-mail Address

B. Julie Forte  
**Customer Relations/Complaints Representative** (Include Address if different than above)  
843-761-9136 / /julie.forte@hometelco.com  
 Telephone Number / Facsimile Number / E-mail Address

C1. William S. Helmly  
**Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)  
 / /  
1-888-746-4482  
 Telephone Number / Facsimile Number / E-mail Address

C2. **Customer Contact** (Toll Free Number)

D. Bob Abbott  
**Engineering Operations** (Include Address if different than above)  
843-761-9898 / /bob.abbott@hometelco.com  
 Telephone Number / Facsimile Number / E-mail Address

E. **Test and Repair** (Include Address if different than above) Pervis Scott  
843-761-9580 / /pervis.scott@hometelco.com  
Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)  
843-731-9112 / /  
Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

H Keith Oliver  
G. **Regulatory Officer** (Include Address if different than above)  
843-761-9100 / /keith.oliver@hometelco.com  
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name) Alan Smoak  
(Mailing Address)  
/ /  
Telephone Number / Facsimile Number / E-mail Address  
843-761-9169 alan.smoak@hometelco.com

I. **Interim LEC Fund Mailings** (Name) Denny Thompson  
(Mailing Address)  
/ /  
Telephone Number / Facsimile Number / E-mail Address  
843-761-9173 denny.thompson@hometelco.com

J. **Universal Service Fund Mailings** (Name) Denny Thompson  
(Mailing Address)  
/ /  
Telephone Number / Facsimile Number / E-mail Address  
843-761-9173 denny.thompson@hometelco.com

K. **Gross Receipts Mailings** (Name) Alan Smoak  
(Mailing Address)  
843-761-9169 alan.smoak@hometelco.com  
Telephone Number / Facsimile Number / E-mail Address

Megan Johnson

**This form was completed by**  
Finance Supervisor

**Title**

**Signature**

**Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211  
*And*  
Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201